



Community Behavioral Health Liaison (CBHL) Role, Staffing Requirements, Core Competencies, and Expectations

History

The Community Mental Health Liaison (CMHL) position was established in 2013 as part of the Strengthening Missouri's Mental Health System Initiative. The positions are employed by behavioral health provider organizations. This position has been successful in building community partnerships, and there has been a growing demand for more CMHLs to respond to the community needs. This position has expanded in scope to include Substance Use Disorder Liaisons (SUDLs) who focus on addressing the primary substance use concerns for certain individuals in need of those services. On July 1, 2021, the job title was renamed Community Behavioral Health Liaison (CBHL) to embrace the true scope and focus of the role.

Role

The CBHL is responsible for the coordination of services for individuals with behavioral health needs who have come to the attention of the justice system through **law enforcement, courts, and/or jail personnel**. The clientele served have complex mental health and/or substance use needs which are either unmet or poorly coordinated. The CBHL is a part of a person-centered integration team and works with local systems to coordinate care for individuals experiencing behavioral health crises.

Minimum Staffing Requirements

The following recommendations are minimum staffing requirements. Providers may staff to higher levels and may choose to designate specialized workloads which may focus on law enforcement, courts, or jails. Providers may also utilize flexible schedules with multiple CBHLs to allow for additional coverage time for behavioral health crises which occur outside of regular business hours.

Level 2 CBHL

A Level 2 CBHL must have a master's degree or higher in psychology, social work, counseling, or related behavioral health field and be an experienced, qualified mental health professional (QMHP), per [9 CSR 10-7.140\(2\)QQ](#), or qualified addiction professional (QAP), per [9 CSR 10-7.140\(2\)RR](#) who is:

- trained in assessment and crisis intervention
- knowledgeable about the local system of care, including but not limited to the operation of the community providers, crisis response resources such as Access Crisis Intervention (ACI), 988 Call

Centers, Behavioral Health Crisis Centers, Emergency Room Enhancement, inpatient psychiatric resources, civil commitment procedures, and guardianship laws

- knowledgeable about behavioral health disorders and co-occurring disorders
- proficient in public speaking and experienced in delivering professional training

Level 1 CBHL

A Level 1 CBHL must meet **one** of the following:

1. Have a bachelor's degree in social work, counseling, psychology, or related behavioral health field with education/experience equivalent to that of a community support specialist (CSS) rule, per [9 CSR 30-4.047](#);
2. Be a qualified addiction professional (QAP) as defined in [9 CSR 10-7.140\(2\)RR](#);
3. Be a qualified mental health professional (QMHP) as defined in [9 CSR 10-7.140\(2\)QQ](#);
4. Have a bachelor's degree in a human services field which includes social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, sociology, human services, behavioral science, and rehabilitation counseling;
5. Have any four- (4-) year combination of higher education and qualifying experience;
6. Have any four- (4-) year degree and two (2) years of qualifying experience;
7. Have an Associate of Applied Science in Behavioral Health Support degree from an approved institution; or
8. Have four (4) years of qualifying experience.
 - a. Qualifying experience must include delivery of services to individuals with mental illness, substance use disorders, or developmental disabilities, including some combination of the following:
 - i. Providing one-on-one or group services with a rehabilitation/habilitation and recovery/resiliency focus;
 - ii. Teaching and modeling for individuals how to cope and manage psychiatric, developmental, or substance use disorder issues while encouraging the use of natural resources;
 - iii. Supporting individuals in their efforts to find and maintain employment and/or to function appropriately in family, school, and community settings; and
 - iv. Assisting individuals to achieve the goals and objectives in their individual treatment plan.

A Level I CBHL must be:

- knowledgeable about the local system of care, including but not limited to the operation of the community providers, crisis response resources such as Access Crisis Intervention (ACI), 988 Call Centers, Behavioral Health Crisis Centers, Emergency Room Enhancement, inpatient psychiatric resources, civil commitment procedures, and guardianship laws;

- knowledgeable about behavioral health disorders;
- proficient in public speaking and experienced in delivering professional training.

Ratio of Level 1 to Level 2 CBHL Positions

- Level 1 positions would only be allowed for agencies with 2 or more CBHL positions but must have at least one position at Level 2 on the team.
- A Level 2 CBHL or CBHL supervisor must be on call and available to assist a Level 1 CBHL, if needed.

All CBHLs must complete BASIC Crisis Intervention Team (CIT) training (40 hours) within six months of hire date and provide a copy of the certificate of completion to their supervisor (if they have not already completed the course).

Core Competencies

Core competencies and skills of all CBHLs include, but are not limited to:

- Maintain professional, “champion” behavior
- Provides quality customer service
- Provides services with a commitment to service excellence
- Works in a way that exhibits a commitment to personal excellence
- Team oriented and values diversity
- Collaborative relationships
- Conflict resolution
- Creative and strategic thinking
- Decision making/problem solving
- Empowers others
- Flexible thinking
- Organizational and time management
- Teamwork

CBHL Expectations

Each CBHL is expected to engage in liaison functions on a full-time basis and do not have other duties during regular business hours. Priority responsibilities of working with the local systems of care would include, but not be limited to the following:

1. Establish ongoing relationships with *law enforcement, court and jail personnel* including:
 - a. County Sheriffs
 - b. Municipal Police
 - c. Crisis Intervention Team (CIT) Officers
 - d. Missouri State Highway Patrol
 - e. Department of Public Safety (colleges/universities)
 - f. Jail Administrators and Staff
 - g. Park Rangers and Conservation Agents

- h. Judges (Probate, Circuit, Treatment, etc.) j. Circuit Court Clerk, Probate Clerk, etc.
 - i. Court Administrator, Treatment Court Administrator, etc.
 - CBHLs should not accept referrals from Probation and Parole Officers but may contact the Regional Behavioral Health Specialists (RBHS) as a resource for individuals under supervision.
 - CBHLs may receive referrals from other stakeholders (such as DHSS or the Missouri Information Analysis Center [MIAC]). If uncertain about taking the referral, seek guidance from your supervisor, the MBHC Community Integration Manager, or the DMH Diversion Coordinator.
 - The CBHL program was designed to primarily serve adults
 - If a Youth Behavioral Health Liaison (or similar position) is not available, the CBHL may accept referrals from Juvenile Officers, courts, School Resource Officers, and law enforcement. The CBHL should refer the youth to the children's services teams within the agency for further outreach, when appropriate.
2. Coordinate services with local systems of care for individuals with behavioral health needs who have come to the attention of law enforcement, the courts, and jails including, but not limited to, the following:
- a. Facilitate access and navigation of behavioral health services (including availability of in-patient and out-patient services)
 - b. Facilitate new referrals for mental health/substance use services and resolve issues with obtaining treatment (e.g., explain paperwork, explain eligibility requirements, identify availability of different services, address lack of health insurance, etc.)
 - c. Follow-up with both new and existing referred individuals to monitor treatment
 - d. If a person is not attending treatment, continue to encourage treatment and, where possible, resolve potential barriers
 - e. Facilitate civil commitment procedures (96 hour holds, outpatient commitment, etc.)
 - f. Provide education on guardianship and navigating the guardianship process
 - g. Work to resolve communication and structural issues between law enforcement, courts, jails, and community behavioral health centers
 - h. Assist law enforcement in residency and wellness checks as needed/requested
 - i. Discuss individual cases and general follow-up with referral source
 - j. For people who have *repeat* contact with law enforcement, courts, or jails and/or the liaison receives several referrals concerning the same person, explore other avenues to engage the individual with treatment/medication adherence (participate in treatment meetings, revised treatment plan, alternative placements, etc.)
 - k. It is recommended that CBHLs are a Notary Public for the State of Missouri

3. To facilitate coordination among partners, written agreements or memorandums of understanding (MOU) may be established between the agency, CBHL, law enforcement, courts, and/or jails to outline expectations for communication, referrals, and coordination of care for all individuals with behavioral health needs.
4. Coordinate with local crisis response resources:
 - a. Coordinate with crisis response resources such as 988 Call Centers, Mobile Crisis Response, Behavioral Health Crisis Centers, Emergency Room Enhancement, etc.
 - b. Be familiar with MOConnect which is the electronic platform utilized by all DMH contracted providers
 - c. Assist law enforcement in assessing individuals with behavioral health needs to assess and coordinate services, particularly individuals who have frequent contact with law enforcement
 - d. Assist law enforcement, court, and jail staff in locating inpatient psychiatric beds for court-ordered involuntary detentions and in filing petitions for involuntary detention with the probate court for those individuals who represent a likelihood of serious harm to self or others due to a behavioral health disorder
5. Participate and assist local law enforcement in developing Crisis Intervention Teams (CIT) or other initiatives which assist law enforcement in working with individuals with behavioral health needs. CBHLs are not expected to lead all CIT-related activities (e.g., CIT Council meetings, trainings). CIT-related activities include, but are not limited to:
 - a. Attend local and state CIT meetings
 - b. Establish and maintain regular law enforcement contact
 - c. Utilize the statewide CIT Reporting System, as available
 - d. Maintain a *current* list of all key law enforcement, court, and jail staff contact information in the catchment area, and provide Missouri Behavioral Health Council's (MBHC) Community Integration Manager/DMH with a current list upon request
 - e. Distribute CIT training information to local law enforcement and encourage officers to become CIT certified
 - f. If CIT Council(s) have not been established in your catchment area, contact the Missouri State CIT Coordinator for assistance and guidance
 - g. If CIT Council(s) have been established, work to resolve issues raised by the local CIT Council in terms of access to behavioral health treatment
 - h. CBHLs are integral to CIT expansion and will provide Peace Officer Standards Training (POST) to law enforcement officers, jail staff, and community stakeholders in their service area
6. When requested and appropriate, assist with the following initiatives:
 - a. Defending Employees from the Effects of Negative Stressful Experiences (DEFENSE)
 - b. Critical Incident Stress Management (CISM)

- c. Post Critical Incident Seminar (PCIS)
 - d. Other law enforcement wellness initiatives
7. Provide support and referral to care for law enforcement to assist in coping with stress and/or trauma and to promote officer wellness and family wellbeing.
 - a. Promote and make referrals to the First Responder Provider Network (FRPN)
 - b. Promote the Law Enforcement Wellness app (Cordico)
 8. Collaborate and coordinate services with local courts and court personnel (municipal and circuit) for justice-involved individuals with behavioral health issues:
 - a. Establish and maintain regular contact with all judges, court administrators, circuit clerks, and additional court personnel as designated
 - b. Establish and maintain regular contact with treatment court administrators, judges, Office of State Courts Administrator (OSCA) treatment court staff, Veterans Justice Outreach Specialist, etc.
 - c. Address any structural issues or gaps identified in the court system to improve access to behavioral health services
 - d. Provide support and training to court personnel regarding behavioral health services and other topics as needed
 9. Collaborate and coordinate services with local jails and jail personnel for justice-involved individuals with behavioral health issues:
 - a. Establish and maintain regular contact with all jail administrators and additional jail personnel as designated
 - b. Jail screenings may be conducted to determine level of need for services and coordination of care
 - c. CBHLs should not provide behavioral health services to individuals in jail/custody but may refer to the agency to determine if in-custody services may be provided by other agency staff
 - d. Provide support and training to jail personnel regarding behavioral health services and other topics as needed
 10. Assist with the Sequential Intercept Model (SIM) Mapping Project:
 - a. If trained in SIM facilitation, facilitate SIM mapping sessions, if needed and appropriate
 - b. If not trained in SIM facilitation, assist the SIM facilitator/coordinator in conducting the SIM mapping session, if needed and appropriate

11. Attend monthly conference calls, webinars, and face-to-face meetings/trainings, and conferences such as the annual MBHC and MO CIT, if possible.
12. Attend all quarterly CBHL meetings coordinated by MBHC and DMH.
13. Work closely with all agencies which have co-responders to prevent duplication of efforts, duplication of data, and to prevent confusion with law enforcement:
 - a. Written protocols and workflows may be developed and agreed upon by all partner agencies to establish efficient transitions of referrals and follow up with clients
 - b. At the agency's discretion, a CBHL may supervise co-responders or other positions within the agency that interact with law enforcement, courts and/or jails
14. Work with DMH Community Placement Staff and Forensic Case Monitors to assist with individuals in jail/custody:
 - a. On occasion, the DMH Director of Forensic Services may request a CBHL to conduct a visit with an individual in jail/custody to observe and provide a clinical screening
 - i. The direct observation will provide a triage/clinical screening to expedite treatment (e.g., inpatient facility bed)
 - ii. A formal assessment is not required (no paperwork is necessary, just follow up with a call or an email)
 - b. The Director of Forensic Services may request a CBHL to assist referred individuals in coordinating treatment while in jails/custody and with continuing and/or re-connecting the individual with community treatment services upon release
15. Work closely with MBHC's Community Integration Manager and the DMH Diversion Coordinator.
 - a. Discuss proposed or planned expansion to other community groups with MBHC's Community Integration Manager
 - b. Complete reporting requirements:
 - i. Enter all referral data through CareManager to track communication with law enforcement, court, and jail personnel
 - ii. All referral data should be entered into CareManager timely
 - c. Enter monthly training provided using the CBHL Post Education Provided spreadsheet template
 - d. Submit completed sign-in sheets for POST certified trainings (required for law enforcement to obtain a certificate of attendance)
 - e. Utilize the CIT website and MO CIT Online Toolkit for CIT resources